

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/76340**

FILE NUMBER

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8	1		1			
9		1		1		
10		1		1		
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TOTAL IND.	2		2			
TOTAL DEP.	16		12			
TOTAL CLAIMS	18		14			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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